PROGRAM			TAR	GET POPU	LATION				
	PROGRAM DESCRIPTION	PROGRAM DEVELOPER	Age	Gender	Ethnicity	TARGET SETTING	KEY OUTCOMES	KEY PROGRAM STRATEGII	S COST ESTIMATES
Selective	Across Ages is a school- and community-based drug prevention program for youth 9 to 13 years, that seeks to strengthen the bonds between adults and youth and provide opportunities for positive community involvement. The unique and highly effective feature of Across Ages is the pairing of older adult mentors (age 55 and above) with young adolescents, specifically youth making the transition to middle school. The program employs mentoring, community service, social competence training, and family activities to build youths' sense of personal responsibility for self and community. Specifically, the program aims to: • Increase knowledge of health and substance abuse and foster healthy attitudes, intentions, and behavior toward drug use among targeted youth • Improve school bonding, academic performance, school attendance, and behavior and attitudes toward school • Strengthen relationships with adults and peers • Enhance problem-solving and decisionmaking skills The overall goal of the program is to increase the protective factors for high-risk students in order to prevent, reduce, or delay the use of alcohol, tobacco and other drugs and the problems associated with such use. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Andrea S. Taylor, Ph.D. Temple University, Center for Intergenerational Learning 1601 N. Broad Street, USB 206 Philadelphia, PA 19122 Phone: (215) 204-6970 Fax: (215) 204-3195 E-mail: ataylor@temple.edu Web site: www.temple.edu/cil/Acrossageshome. To order materials: Denise Logan Temple University, Center for Intergenerational Learning Phone: (215) 204-8687 Fax: (215) 201-3195 E-mail: dlogan00@nimbus.ocis.temple.edu	9-13	Male and Female	African American American Indian/Alash Native Asian American Hispanic/Lan Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban middle schools and	Decreased substance use Decrease in tobacco and alcohol use Increased problem solving ability Increased school attendance Decreased suspensions from school Improved attitude toward adults Improved attitude toward school and the future	Pairing older adult mentors (55+) with middle school youth Community service Life management skills Family activities	Training: • \$1,000 per day, plus expenses • \$500 per day for onsite TA Materials: • \$75 Manual • \$25 Handbooks for parents, students • \$25 Elder Mentor Handbooks • \$65 Mentor Training Guide • \$25 Evaluation Protocol • \$25 Video • Materials also available in Spanish.

	Best Practice Model in Youth Violence Prevention: Centers for Disease Control and Prevention Top 25, Positive Youth Development Program: U. S. Department of Health and Human Services Commendable Practice: Child Welfare League of America Model Program: Case Study for North America: United Nations Office of Drug Control Programs								
Al's Pals: Kids Making Healthy Choices Universal	Al's Pals: Kids Making Healthy Choices is a resiliency-based early childhood curriculum and teacher training program that develops personal, social, and emotional skills in children 3 to 8 years old. Using 46 interactive lessons, Al's Pals teaches children how to: • Express feelings appropriately • Use kind words • Care about others • Use self-control • Think independently • Accept differences • Make friends • Solve problems peacefully • Cope • Make safe and healthy choices • Understand that tobacco, alcohol, and illegal drugs are not for children The lessons use guided creative play, brainstorming, puppetry, original music, and movement to develop children's social-emotional competence and life skills. A nine-lesson booster curriculum is used in second or third grade with children who have previously received the full program. Recognition	Susan R. Geller President Wingspan LLC 4196-A Innslake Dr. Glen Allen, VA 23060 Phone: (804) 967-9002 Fax: (804) 967-9003 E-mail: sgeller@wingspanworks.com Web site: www.wingspanworks.com	3-8	Male and Female	African American White	Rural, Suburban, and Urban preschools, early elementary grades, after-school programs, and child care centers	Increases in prosocial behaviors Reductions in problem behaviors Increases in positive coping behaviors Decreases in negative coping behaviors Prevention of increases in antisocial and aggressive behaviors	Small group activities Group discussions Worksheet tasks Videotaping Games Art activities	Training: • N/A Materials: • N/A

	Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Program: Safe, Disciplined and Drug-Free Schools, U.S. Department of Education Effective Program: Collaborative for Academic, Social, and Emotional Learning (CASEL)								
All Stars	All Stars is a school- or	William B. Hansen, Ph.D.President	11-15	Male and	African American	Rural, Suburban,	Increased commitment	Accurate beliefs about	Training: • \$3,000, plus
Universal	An Stars is a school-of community-based program designed to delay and prevent high-risk behaviors in middle school-age adolescents (11 to 14 years old), including substance use, violence, and premature sexual activity, by fostering development of positive personal characteristics. A highly interactive program, All Stars involves 9 to 13 lessons during its first year, and 7 to 8 booster lessons in its second year. All Stars is based on strong research that has identified the critical factors that lead young people to begin experimenting with substances and participating in other high-risk behaviors. The program is designed to reinforce positive qualities that are typical of youth at this age; it works to strengthen five specific qualities that are vital to achieving preventive effects: Developing positive ideals and future aspirations Establishing positive norms Building strong personal commitments Promoting bonding with school and community organizations	Tangelwood Research Inc. 7017 Albert Pick Road, Suite D Greensboro, NC 27409 Phone: (800) 826-4539, ext. 101 Fax: (336) 662-0099 E-mail: billhansen@tanglewood.net Web site: www.tanglewood.net Kathleen Simley Tangelwood Research Inc. Phone: (800) 822-7148 E-mail: kathleensimley@alltel.net		Female	American Indian/Alask Native Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	and Urban schools and communities	to avoid high-risk behaviors • Increased bonding to school and peers • Positive changes in substance use and violence	peer norms Perception on how substance abuse affects preferred lifestyles Commitment to stay substance free Social and peer bonding	expenses for up to 20 trainees Materials: • \$165 Facilitator • \$175 for 25 Student materials • \$140 Community set for 20 students • \$15 Commitment ring • \$8 T-shirt • Parental/take-home materials also available in Spanish.

	Promoting positive parental attentiveness All Stars is available in formats for delivery in schools as part of regular classroom instruction, and in after-school and community-based organizations and programs. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Program: U.S. Department of Education								
ATLAS (Athletes Training and Learning to Avoid Steroids) Universal	ATLAS (Athletes Training and Learning to Avoid Steroids) is a multicomponent school-based program for male high school athletes (13 to 19 years old). It capitalizes on team-centered dynamics and uses positive peer pressure and role modeling to reduce the use of: • Anabolic steroids • Alcohol and other drugs • Performance-enhancing supplements Delivered to school sports team, with instruction led by student athlete peers and facilitated by coaches, ATLAS promotes healthy nutrition and exercise behaviors as alternatives to substance use. The 10-session curriculum is highly scripted and contains interactive and entertaining activities that make it easy and desirable to deliver, enhancing the fidelity of the intervention. The product of 10 years of research and field testing, ATLAS focuses specifically on adolescent male athletes' risk and protective factors. Recognition	Linn Goldberg, M.D. Diane Elliot, M.D. Division of Health Promotion and Sports Medicine Oregon Health Sciences University, CR 110 3181 SW Sam Jackson Park Road Portland, OR 97201 Phone: (503) 494-8051 Fax: (503) 494-1310 E-mail: hpsm@ohsu.edu Web site: www.atlasprogram.com	13-19	Male Only	African American American Indian/Alask Native Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	high school athletic	Reduced steroid use Belief that coaches do not condone or tolerate steroid use Reduced use of alcohol and illicit drug use Reduced drinking and driving Reduction in use of Improved nutrition and exercise behaviors Increased feeling of self-efficacy	Nowledge of effects of steroids on body and on sport Healthy, natural alternatives to increasing muscle Anabolic steroid prevention Team centered, peer delivered, gender specific approach Understanding harm of illicit drugs and alcohol on athletic abilities	Training: Not required. Available on request Materials: \$149.95 full set

	Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: U.S. Department of Education Effective Program: National Institute on Drug Abuse					as athletes • Stronger team mentality		
Border Binge-Drinking Reduction Program Universal	The Border Binge-Drinking Reduction Program provides multilevel, community-based interventions proven effective at reducing alcohol-related trauma caused by cross-border binge drinking by young Americans. Because the United States, Mexico, and Canada have significant disparities in the legal drinking age, the price of alcohol, and the enforcement of alcohol sales regulations, it is legal or easier for those under age 21 to obtain alcohol. Thousands of American teens and young adults (age 24 and below) are prompted to go into these nearby countries to binge drink. Consequently, an alarming number of young Americans return to the United States drunk, presenting a significant risk to themselves and the public through the increased potential for car crashes and other alcoholrelated violence. The Border Binge-Drinking Program is a binational effort that employs environmental management and media advocacy to curb these irresponsible drinking practices, including: • Regular surveys of youths returning from a night of drinking, including anonymous blood alcohol concentration (BAC) breath tests. • Strong media advocacy programs which use	Robert Voas Pacific Institute for Research and Evaluation 11710 Beltsville Drive, Suite 300 Calverton, MD 20705 Phone: (301) 755-2700 E-mail: voas@pire.org Web site: www.pire.org/centers/BorderProgram.h James Baker Institute for Public Strategies 148 E. 30th Street, Suite B National City, CA 91950 Phone: (406) 582-1488 E-mail: iamesbaker@publicstrategies.org Web site: www.publicstrategies.org/BORDER P Kim Herbstritt Operations and Planning Manager Institute for Public Strategies 148 E. 30th Street, Suite B National City, CA 91950 Phone: (619) 474-8844, ext 13 Fax: (619) 474-8838 E-mail: kherbstrett@publicstrategies.org Eileen Taylor Program Director Pacific Institute for Research and Evaluation 11710 Beltsville Drive, Suite 300 Calverton, MD 20705-2719	Male and Female	Multiple Ethnic Groups	Rural and Urban communities	Reduced number of young Americans returning to the U.S. with illegal BACs after night of drinking in Mexico Reduced number of alcohol-relate injury crashes among underage drinkers Reduced number of arrests for violence and other problems Increased awareness of new enforcement program	Enhance alcohol law enforcement on border Promote responsible beverage service practices Create binational youth service center Implement media advocacy programs d	Training: No formal training Materials: No formal materials

	information from the surveys to characterize the problem and mobilize the community to action. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Phone: (301) 755-2719 Fax: (301) 755-2799 E-mail: taylore@pire.org Web site: www.pire.org/centers/BorderProgram.h	tm						
Brief Strategic Family Therapy (BSFT) Indicated	Brief Strategic Family Therapy (BSFT) is an effective, problem-focused, and practical approach to the elimination of substance abuse risk factors. It successfully reduces problem behaviors in children and adolescents, 6 to 17 years, and strengthens their families. BSFT provides families with tools to decrease individual and family risk factors through focused interventions that improve problematic family relations and skill building strategies that strengthen families. It targets: • Conduct problems • Associations with anti-social peers • Early substance use • Problematic family relations The program fosters parental leadership, appropriate parental involvement, mutual support among parenting figures, family communication, problem solving, clear rules and consequences, nurturing, and shared responsibility for family problems. In addition, the program provides specialized outreach strategies to bring families into therapy. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	José Szapocznik, Ph.D. Center for Family Studies Department of Psychiatry and Behavioral Sciences University of Miami 1425 N.W. 10th Avenue Miami, FL 33136 Phone: (305) 243-8217 Fax: (305) 243-5577 E-mail: Jszapocz@med.miami.edu Web site: www.cfs.med.miami.edu Training Contact: Carleen Robinson Batista, M.S.W. Center for Family Studies Phone: (305) 243-5577 E-mail: crobins2@med.miami.edu	6-17	Male and Female	African American Hispanic/Lat	Rural, Suburban, and Urban homes, community social service agencies, clinics, and health agencies	Reduced conduct problems Improved self-concept Reduced association with antisocial peers Improved family functioning and family participation in therapy Reduced drug use	Engage resistant clients in therapy Diagnose strengths and weaknesses in family functioning Enhance strengths and correct weaknesses Build parenting skills Improve family communication, conflict resolution, and problem solving skills Provide home-based services	Training: • Available in English or Spanish (length assessed by BSFT counselors) • \$2,000 per day, plus expenses for up to 30 participants Materials: • BSFT manual to be published by NIDA Spring 2002 • Books: Kurtines, William, and Szapocznik, Jose. Breakthroughs in Family Therapy with Drug Abusing and Problem Youth

	Presidential Award: Society for Prevention Research Research Award: Center for Substance Abuse Prevention								
CASASTART Selective Indicated	CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a community-based, school-centered program designed to keep high-risk preadolescents (8 to 13 years old) free of drug and crime involvement. The central notion underlying the program is that while rates of experimentation with drugs and alcohol are similar for preadolescents from all backgrounds, those who lack effective human and social support are at higher risk of continuing and intensifying substance abuse. Using an intensive and coordinated marriage of preventive services and community-based law enforcement, CASASTART addresses the individual needs of participants as well as the broader problems of their families and communities. It operates on three levels to: Build resiliency in the child Strengthen families Make neighborhoods safer for children and their families The program brings together key stakeholders in a community or neighborhood (schools, law enforcement, social services, and health agencies) under one umbrella and provides case managers to work daily with high-risk children. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Lawrence Murray, CSW CASA Fellow National Center on Addiction and Substance Abuse at Columbia University 633 Third Avenue, 19th Floor New York, NY 10017 Phone: (212) 841-5208 Fax: (212) 956-8020 E-mail: Imurray@casacolumbia.org Web site: www.casacolumbia.org	8-13	Male and Female	African American Hispanic/La White	Rural, Suburban, amd Urban schools and communities	Reduced students reports of using gateway and stronger drugs Reduced association with delinquent peers and violent offenses Increased positive peer influence	Improve youths attachment to prosocial individuals and institutions Increase youths opportunities to achieve positive goals Provide parent education/training	Training: • \$1,300 per day for 6 days training in core program elements, plus expenses Materials • CASASTART field guide: \$50 • CASASTART Mission History: \$4.25 • Final Report II of Impact of the Children at Risk Program (CASASTART was formerly Children at Risk), May 1998: \$15 • Final Report of Impact of the Children at Risk Program, Volumes I and II, March 1997: \$17.50

	Exemplary Program: Safe and Drug Free Schools Program, U.S. Department of Education Promising Program: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice Promising Program: U.S. Surgeon General's Report on Youth Violence CASASTART was developed by The National Center on Addiction and Substance Abuse (CASA) at Columbia University. CASA is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organization with the name of "CASA."								
Challenging College Alcohol Abuse Indicated Universal	Challenging College Alcohol Abuse (CCAA) is a social norms and environmental management program that reduces high-risk drinking and related negative consequences in college students (18 to 24 years old). Under CCAA, the campus health service uses new and innovative methods to communicate public health information to students, the campus community, and the surrounding community to: • Correct misperceptions, increase knowledge, and change attitudes about alcohol and drug use behaviors among undergraduate students • Change policies and practices related to alcohol and drug use and abuse among campus fraternity and sorority chapters • Change faculty, administration, parental, community, and policymaker perceptions to prevent perpetuation of alcohol and drug myths • Increase restrictions on	Koreen Johannessen Campus Health Service University of Arizona P.O. Box 210021 Old Main 200W Tucson, AZ 85721-0021 Phone: (520) 571-7849 E-mail: koreen@dakotacom.net Web site: www.socialnorms.campus-health.net	18-24 and parents	Male and Female	African American American Indian/Alask Native Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	college and university	Reduced negative consequences of alcohol and illegal drug use Decreased positive perceptions of alcohol use Reduction in alcohol and illegal drug-related crimes More accurate perception of students alcohol and illegal drug wee More accurate perception of students alcohol and illegal drug wee More accurate perception of students alcohol and illegal drug use More accurate perception of students alcohol and illegal drug use	Social norms media marketing campaign Environmental management Moderation skills training Alcohol-specific prevention program	Training: • Requires consultation and school assessment • Requires training on social marketing techniques, materials development, and social norms theory • Costs: TBA Materials: • Varies according to market research and testing at a given school • Costs: TBA

	alcohol availability and monitor on- and off-campus distribution and consumption CCAA fosters development of policies that establish and maintain a healthy and safe environment for all students. It also seeks to develop community and civic partnerships and collaborations in support of campus alcohol and drug policies, and State and local laws. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Alcohol and Other Drug Prevention Model Program Award: U.S. Department of Education						of negative consequences		
Child Development Project (CDP) Universal	The Child Development Project (CDP) is a multifaceted, schoolwide improvement program that helps elementary schools become "caring communities of learners" for their students (5 to 12 years old). CDP significantly reduces children's early use of alcohol and marijuana and their involvement in violence-related behavior. CDP is designed to strengthen connections among peers and between students of different ages, teachers and students, and home and school, in order to promote: School bonding: students commitment to, and engagement in, their school Students interpersonal skills and commitment to positive values Classroom and school-wide climate of safety, respect, caring, and helpfulness	Eric Schaps, Ph.D. Developmental Studies Center 2000 Embarcadero, Suite 305 Oakland, CA 94606-5300 Phone: (800) 666-7270 Fax: (510) 464-3670 E-mail: info@devstu.org Web site: www.devstu.org/csrd/cdp_index.html Denise WoodProgram Information Developmental Studies Center Oakland, CA 94606-5300 Phone: (800) 666-7270 ext. 239 Fax: (510) 464-3670 E-mail: info@devstu.org	5-12	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban elementary schools	Greater conflict resolution skills Increased bonding to school	Bonding to school Parent involvement Peer bonding	Training: • \$6,000 for teams from up to 5 schools Materials: • \$460 school set • \$60 per teacher • \$10 per 50 parent materials • Parental/take-home materials also available in Spanish.

	The program, which involves students in all grade levels, their families, teachers, and school administrators, prepares children to play responsible roles in their classrooms and schools so that later they can contribute to the wider society. The program has recently been streamlined and strengthened to make it more feasible and affordable to implement, and more effective at boosting literacy skills. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Safe and Drug Free Schools Program: U.S. Department of Education Educational Programs That Work: U.S. Department of Education							
Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress (CBT-CATS) Indicated Universal Selective	Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress (CBT-CATS) is a treatment intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies, in order to focus on enhancing children's interpersonal trust and re-empowerment. CBT-CATS can be provided to children 3 to 18 years old, and their parents, by trained mental health professionals in individual, family, and group sessions in outpatient settings.	Judith Cohen, M.D. Professor of Psychiatry Medical Director Center for Traumatic Stress in Children Adolescents 4 Allegheny Center, Room 864 Pittsburgh, PA 15212 Phone: (412) 330-4321 Fax: (412) 330-4377 E-mail: JCohen1@wpahs.org Anthony P. Mannarino, Ph.D. Professor of Psychiatry and Chair Department of Psychiatry Center for Traumatic Stress in Children Adolescents Allegheny General Hospital 4 Allegheny Center, 8th floor Pittsburgh, PA 15212 Phone: (412) 330-4377	3-18	African American Hispanic/Lat White	Rural, Suburban, and Urban clinical outpatient facilities	Significantly less acting-out behavior Significantly reduced PTSD symptoms Significantly greater improvement in depressive symptoms Significantly greater improvement in social competence Maintained these differential improvement over the year	Develops adaptive skills for dealing with stress Decreases children's anxiety about thinking or talking about the event Enhances accurate and helpful cognitions Enhances children's personal safety skills Resolves parental distress about the child's experience Enhances	Training: • Training cost varies depending on length needed and number of participants; however, is estimated at \$1000 per day, per trainer for up to 25 participants. Materials: • Treatment manual and other materials cost \$50 total • Optional \$50 video or DVD

	CBT-CATS targets symptoms of	E-mail: amannari@wpahs.org					after	support for	
	Posttraumatic Stress Disorder						treatment	their children	
	(PTSD), which often co-occur with						ended	 Prepares 	
	depression and acting-out							children to	
	behaviors. PTSD includes an array							anticipate	
	of anxiety symptoms as well as:							and cope with	
								traumatic and	
	 Intrusive thoughts of the 							loss reminders	
	traumatic event								
	 Avoidance of reminders of 								
	the trauma								
	 Emotional numbing 								
	 Excessive physical 								
	arousal/activity								
	 Irritability 								
	 Trouble sleeping or 								
	concentrating								
	The intervention also addresses								
	issues commonly experienced by								
	traumatized children, such as poor								
	self-esteem, difficulty trusting								
	others, mood instability, and								
	self-injurious behavior, including								
	substance use.								
	substance use.								
	Recognition								
	Model Program: Substance Abuse and								
	Mental Health Services								
	Administration, U.S. Department of								
	Health and Human Services								
	Betty Elmer Award: Family								
	Resources of Pittsburgh (Drs.								
	Cohen and Mannarino)								
	Continuation (
	Greater Pittsburgh Psychological								
	Association Legacy Award (Dr.								
	Mannarino)								
	in i								
	Outstanding Professional Award:								
	American Professional Society on								
	the Abuse of Children (Dr. Cohen)								
	the Abuse of Children (Dr. Collen)								
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Cognitive	Consistent Delegation 1 The	Esther Deblinger, Ph.D.	3-18	Male	African	Rural,	Greater	• Education	Training:
	Cognitive Behavioral Therapy for	Clinical Director		and		Suburban,	improvement		• N/A
	Child Sexual Abuse (CBT-CSA) is a	Center for Children's		Female	Hispanic/Lat		with	sexual abuse	
Child Child	treatment approach designed to	Support			White	Urban	respect	3	Materials:
	help children and adolescents who	University of Medicine				in	to	sexuality	• N/A
	have suffered sexual abuse	and Dentistry of NJ				public	PTSD,	 Coping skills 	
	overcome posttraumatic stress	School of Osteopathic				and	depression,	training,	
	disorder (PTSD), depression, and	Medicine				private	and	including	
	other behavioral and emotional	42 East Laurel Road,				clinics	acting	relaxation,	
Selective	difficulties. The program helps	Suite 1100B				and	out	emotional	

	Learn about child sexual abuse as well as healthy sexuality Therapeutically process traumatic memories Overcome problematic thoughts, feelings, and behaviors Develop effective coping and body safety skills The program emphasizes the support and involvement of nonoffending parents or primary caretakers and encourages effective parent-child communication. Cognitive behavioral methods are used to help parents learn to cope with their own distress and respond effectively to their children s behavioral difficulties. This CBT approach is suitable for all clinical and community-based mental health settings and its effectiveness has been documented for both individual and group therapy formats. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Stratford, NJ 08084 Phone: (856) 566-7036 Fax: (856) 655-6108 E-mail: deblines@umdni.edu Web site: www.hope4families.com				community settings	behaviors as compared to children assigned to the community control condition. • Parents who participated in a CBT-CSA group showed greater improvement with respect to emotional distress and intrusive thoughts related to their children s sexual abuse.	expression, and cognitive coping • Gradual exposure and processing of traumatic memories and reminders • Personal body safety skills training	
Communities Mobilizing for Change on Alcohol (CMCA) Universal	Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce adolescent (13 to 20 years old) access to alcohol by changing community policies and practices. Initiated in 1991, CMCA has proven that effectively limiting the access to alcohol to people under the legal drinking age not only directly reduces teen drinking, but also communicates a clear message to the community that underage drinking is inappropriate and unacceptable. CMCA employs a range of social organizing techniques to address	Alexander C. Wagenaar, Ph.D. Alcohol Epidemiology Program Community Health Education University of Minnesota 1300 South Second Street, Suite 300 Minneapolis, MN 55454-1015 Phone: (612) 624-8370 Fax: (612) 624-0315 E-mail: wagenaar@epi.umn.edu Web site: www.epi.umn.edu/alcohol/ Becky Mitchell Coordinator Alcohol Epidemiology	13-20	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban communities	Reduction in sales to minors Reduction in sales to minors Increased identification checks by vendors Increased identification checks by vendors Junceased identification checks by vendors	Environmental strategy Limit minors access to alcohol through community mobilization	Training: • No official training Materials: • No formal curriculum

	legal, institutional, social, and health issues in order to reduce youth alcohol use by eliminating illegal alcohol sales to youth by retailers and obstructing the provision of alcohol to youth by adults. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Program Community Health Education University of Minnesota					vendors • Community mobilization		
Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Universal	Community Trials to Reduce High-Risk Drinking (RHRD) is a multicomponent, community-based program developed to the alter alcohol use patterns of people of all ages (e.g., drinking and driving, underage drinking, acute (binge) drinking), and related problems. The program uses a set of environmental interventions including:	Harold D. Holder, Ph.D. Director Prevention Research Center 2150 Shattuck Avenue, Suite 900 Berkeley, CA 94704 Phone: (510) 486-1111 Fax: (510) 644-0594 Web site: www.PREV.org Andrew J. Treno, Ph.D. Prevention Research Center Phone: (510) 486-1111 ext. 139 Fax: (515) 644-0594 (fax) E-mail: andrew@prev.org	All age groups within a community	Male and Female		Rural, Suburban, and Urban communities	Reduced driving when over the legal limit Reduced amount consumed per drinking occasion Reduced traffic crashes in which driver had been drinking Reduced assault injuries	Community mobilization to support prevention interventions Facilitating responsive beverage service Training local retailers and increasing enforcement to reduce underage access Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest Develop local restrictions on access via zoning and other controls	Training: Initial telephone consultation provided at no charge. Costs for additional technical assistance, if needed, is negotiated. Materials: Materials provided at reproduction cost. Materials also available in Spanish.
Creating Lasting Family Connections (CLFC)	Creating Lasting Family Connections (CLFC) is a comprehensive family strengthening, substance abuse, and violence prevention curriculum	Ted N. Strader, M.S. Council on Prevention and Education: Substances, Inc. (COPES) 845 Barret Avenue Louisville, KY 40204	11-15 and parents	Male and Female	African American American Indian/Alask Native Asian	Rural, Suburban, and Urban community centers,	Increased child resiliency Increased involvement in	Alcohol and drug information Parenting skills Communication	Training: • \$750 per person, plus expenses for 5 days • \$1,500 per person, plus

Indicated Selective Universal	that has scientifically demonstrated that youth and families in high-risk environments can be assisted to become strong, healthy, and supportive people. Program results, documented with children 11 to 15 years, have shown significant increases in children s resistance to the onset of substance use and reduction in use of alcohol and other drugs. CLFC provides parents and children with strong defenses against environmental risk factors by teaching appropriate skills for personal growth, family enhancement, and interpersonal communication, including refusal skills for both parents and youth. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Family Strengthening Program: Office of Juvenile Justice and Delinquency Prevention Promising Program: U.S. Department of Education Special Recognition Award: Office of National Drug Control Policy YouthNet Model Program: Selected for worldwide replication by the International Youth Foundation	Phone: (502) 583-6820 Fax: (502) 583-6832 E-mail: tstrader@sprynet.com Web site: www.copes.org/include/clfc.htm			Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	schools	setting family norms on substance abuse Delayed onset of substance use	skills	expenses for 10 days Materials: • \$1,474.75 for 5 training manuals, 25 participant notebooks, and 5 poster sets
DARE To Be You (DTBY) Selective Universal	DARE To Be You (DTBY) is a multilevel, primary prevention program for children 2 to 5 years old and their families. It significantly lowers the risk of future substance abuse and other high-risk activities by dramatically improving parent and child protective factors in the areas of communication, problem solving, self-esteem, and family skills. Program interventions are designed to:	Jan Miller-Heyl, M.S. Colorado State University Cooperative Extension 215 N. Linden Cortez, CO 81321 Phone: (970) 565-3606 Fax: (970) 565-4641 E-mail: darecort@coop.ext.colostate.edu Web site: www.coopext.colostate.edu/DTBY/	2-5 and parents	Male and Female	American Indian/Alask Native Asian	community centers and	Increased parent efficacy Decreased use of harsh punishment Increased child development skills	Parenting skills Youth coping skills	Training: • \$3,000 for up to 40 participants (this includes materials) Materials: • \$46 community leader manual • \$150 set of K-12 school curriculum • \$32 parent training guide • \$32 pre-school

	Improve parents' sense of competence and satisfaction with being a parent Provide parents with knowledge and understanding of appropriate child management strategies Improve parents' and children's relationships with their families and peers Boost children's developmental levels DTBY program materials are available in English and Spanish. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network Building Human Capital Award: U.S. Department of Agriculture Distinguished Service Award: Cooperative Extension Service Excellence in Prevention: Colorado Governor's Award Champion for Children and Families, Individual Award: Colorado Mothers, Inc.				(NHOPI) White				activity guide • \$60 parent and pre-school training set • \$45 Spanish/English edition parent training guide • Other guides and supplemental materials are available
Early Risers Skills for Success Indicated	Early Risers is a multicomponent, high intensity, competency enhancement program that targets elementary school children (6 to 10 years old) who are at high risk for early development of conduct problems, including substance use. Early Risers is based on the premise that early, comprehensive, and sustained intervention is	Gerald J. August, Ph.D. George M. Realmuto, Ph.D. Michael L. Bloomquist, Ph.D. University of Minnesota F256/2B West 2450 Riverside Avenue Minneapolis, MN 55454-1495 Phone: (612) 273-9711 Fax: (612) 273-9779 E-mail:	6-10 and parents	Male and Female	African American White	Rural and Urban schools and community centers	Improved social skills and academic achievement Increased parent involvement Reduced impulsive	Information dissemination Prevention education Problem identification and referral	Training: • N/A Materials: • Program costs \$1,500 to \$3,200 per year for one child

	necessary to target multiple risk	augus001@tc.umn.edu					behaviors		
	and protective factors. The								
	program uses a full strength								
	intervention model with two								
	complementary components to move								
	high-risk children onto a more								
	adaptive developmental pathway.								
	Interventions include:								
	 Child social skills 								
	training and strategic								
	peer involvement								
	Reading and math								
	instruction and								
	educational enrichment								
	activities								
	Parent education and								
	skills training								
	 Family support, 								
	consultation, and brief								
	interventions to cope								
	with stress								
	 Proactive parent-school 								
	consultation								
	 Contingency management of 								
	aggressive, disruptive,								
	and noncompliant behavior								
	and noncompliant centurior								
	The enhanced competence gained								
	through the Early Risers program								
	leads to the development of								
	positive self-image, independent								
	decisionmaking, healthy problem								
	solving, assertive communication,								
	and constructive coping. Once								
	acquired, these attributes and								
	skills collectively enable youth								
	to resist personal and social								
	forces that encourage early								
	substance use and potential abuse								
	and dependency.								
	Recognition								
	Model Program: Substance Abuse and								
	Mental Health Services								
	Administration, U.S. Department of								
	Health and Human Services								
Families		Lynn McDonald, Ph.D.,	4-12	Male	African	Rural,	Improved	Outreach	Training:
And Schools	Families and Schools Together	M.S.W.	and	and	American	Suburban,	child	 Multifamily 	• \$3,900 (includes
	(FAST) is a multifamily group	Wisconsin Center for	parents/fami		American	and	classroom	group sessions	TA)
	intervention designed to build	Education Research			Indian/Alask		and	Ongoing	• Plus \$1,000 for
	protective factors and reduce the	University of			Native	schools	home	monthly	evaluation
	risk factors associated with	Wisconsin-Madison			Asian		behaviors,	multi-family	

substance abuse and related problem behaviors for children 4 to 12 years old and their parents. FAST systematically applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve its four goals: • Enhanced family functioning • Prevention of school failure by the targeted child • Prevention of substance abuse by the child and other family members • Reduced stress from daily life situations for parents and children	1025 W. Johnson Street Madison, WI 53706 Phone: (608) 263-9476 Fax: (608) 253-6338 E-mail: mrmcdona@facstaff.wisc.edu Web site: www.wcer.wisc.edu/fast Ms. Pat Davenport CEO FAST National Training Center 2801 International Training Center Madison, WI 53704 Phone: (608) 663-2382 Fax: (608) 663-2336 E-mail: fast@chorus.net Web site: www.wcer.wisc.edu/fast/		American Hispanic/Latin Native Hawaiian and Other Pacific Islander (NHOPI) White	10	including improved attention span, reduced aggression, reduced anxiety/depre improved social skills Improved academic competence performance Increased family closeness community involvement Increased parental	reunions • Social skills • Family/parent-child bonding • Family/parent-school bonding ssion,	Implementation Costs: • Vary from \$300-\$2,000 per family, largely depending on staffing
build parental respect in children, improve intra-family bonds, and enhance the family-school relationship. FAST activities were developed to build the social capital of parents and provide a safe place to practice parenting. As a result of this program, the participating children increase their social skills and attention span, while reducing their anxiety and aggression. Research has shown that these childhood behavioral outcomes are correlated in adolescence to the prevention of substance abuse, delinquency, and school failure. Recognition Model Program: Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services Family Strengthening Program:							

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice School Reform Model: Office of Education for At-Risk Students, U.S. Department of Education Innovation in Government (finalist): Harvard School of Government and Ford Foundation								
That CareGood Choices (GGC) is a multimedia program that gives parents of children in grades four through eight (8 to 13 years old) the knowledge and skills needed to guide their children through early adolescence. Over the last 20 years, research has shown that positive parental involvement is an important protective factor that increases school success and buffers children against later problems such as substance abuse, violence, and risky sexual behaviors. This program aims to: Strengthen and clarify family expectations for behavior	Richard Catalano, Ph.D. J. David Hawkins, Ph.D. Program Contact: Channing Bete Company One Community Place South Deerfield, MA 01373 Phone: (877) 896-8532 Fax: (800) 499-6464 E-mail: PrevSci@channing-bete.com Web site: www.preventionscience.com/FTC/GGC Program Materials: Ask for the Prevention Science Customer Service Representative Program Background or training: Ask for the Prevention Science Account Manager	8-13 and parents	Male and Female	African American American Indian/Alask Native Asian Asian Inspanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	schools, communities and	Prevent teen alcohol, tobacco, and illegal drug use Build family bonding Teach refusal skills Teach parenting skills to reduce risk factors in their families Strengthen family bonding in parents	Social Development Strategy Begin with healthy beliefs and clear standard in families schools, commun and peer groups Build bonding attachm and committ by providin opportus skills, and recognit while nurturin individu characte	Discounts are provided for large orders. Int, int, intit it is intitionally interested in the provided for large orders. Int, intitionally in

	Prevention								
	n ii n ii n								
	Promising Program: U.S. Department of Education								
T		r old "I DI D	D 11	26.1	YY:	0.1.1	D 1 (Dec.	m · ·
Family Effectiveness	Family Effectiveness Training	JosØ Szapocznik, Ph.D. Spanish Family Guidance	Families with	Male and	Hispanic/La	and	• Reduction in	 Effective parenting 	Training: • A second
Training	(FET) is a family-based program	Center	children	Female		Urban	child	skills	training would
(FET)	developed for and targeted to	Center for Family Studies	6-12			community	conduct	 Family 	focus on
T 12 4 1	Hispanics. It is effective in	Department of Psychiatry				agencies,	problems	communication	troubleshooting
Indicated	reducing risk factors and increasing protective factors for	Behavior 1425 N.W. 10th Avenue				schools, clinics,	• Reduction in	and problem solving skills	Materials:
	adolescent substance abuse and	Miami, FL 33136				churches,	child	• Family	• \$18,000 includes
	related disruptive behaviors. FET,	Phone: (305) 243-8217				youth	associations	development	training and
	applied in the pre-adolescent	Fax: (305) 243-5577				centers	with	 Bicultural 	supervision
	years (6 to 12), targets three	E-mail: Jszapocz@med.miami.edu					antisocial	effectiveness	
	family factors that place children at risk as they make the	Web site:					peers • Reduction	training • Brief	
	transition to adolescence: 1)	www.cfs.med.miami.edu					in	strategic	
	problems in family functioning, 2)						child	family therapy	
	parent child conflicts, and 3)	Technical Assistance:					irresponsible		
	cultural conflicts between children and parents.	Olga E. Hervis, MSW, LCSW Center for Family					behaviors • Improvement		
	cinidren and parents.	StudiesUniversity of					in		
	FET uses two primary strategies:	Miami School of Medicine					child		
		1425 N.W. 10th Avenue					self-		
	Didactic lessons and	Miami, FL 33136					concept		
	participatory activities that help parents master	Phone: (305) 243-4592 Fax: (305) 243-5577					Improvement in		
	effective family	E-mail:					family		
	management skills	ohervis@med.miami.edu					functioning		
	2. Planned family	Web site:							
	discussions in which the	www.cfs.med.miami,edu							
	therapist/facilitator intervenes to correct								
	dysfunctional								
	communications between or								
	among family members								
	Interventions employed by FET								
	cover:								
	 Normal family changes 								
	during the transition to adolescence and related								
	conflict resolution								
	Substance use and								
	adolescent alternatives								
	to using								
	Parent and family supervision of children								
	and their peer								
	relationships								
	 Family communication and 								
	parenting skills								

Recognition Model Program: Substance Mental Health Services Administration, U.S. Depart Health and Human Services Presidential Award: Societ Prevention Research Research Award: Center for Substance Abuse Prevention	ment of ty for or						
Family Matters is a home-be program designed to prevent tobacco and alcohol use in children 12 to 14 years old. I program is delivered through booklets mailed to the home follow-up telephone calls to parents by health educators. booklets contain readings an activities designed to get families to consider general family characteristics and fa tobacco- and alcohol-use att and characteristics that can influence adolescent substant use, including: Adult supervision support Family communication and together Family communication and together Education encore Family/adult sull Substance avail Peer attitudes an orientation town substance use Designed for use with any fain which at least one adult caread English, Family Matter requires a modest time effor participants and is capable obroad dissemination by man of organizations. Recognition	t 513 Dogwood Drive Chapel Hill, NC 27516 Phone: please contact via e-mail E-mail: kbauman@mindspring.com The ad amily itudes ance on and d inication, d time arragement bstance use ability and media arrd amily an arragement st from of	12-14 Male and parents/famil lesma	American Mhite	Rural and Urban settings in homes	Reduced prevalence of adolescent cigarette smoking and alcohol use for non-Hispanic White adolescents	Provide alcohol and drug information Develop resistance skills Provide parent training Develop family strengths	Training: N/A Materials: N/A

	Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services								
High/Scope Perry Preschool Program Universal	The High/Scope Perry Preschool Program (High/Scope) utilizes an active learning approach to educating children, imparting skills that will support their development through school and into young adulthood. Based on more than 40 years of scientific research, it provides teachers and caregivers with a blueprint for daily routine, classroom and playground organization, and teacher-child interaction, all designed to create a warm, supportive learning environment. In addition, this learning environment encourages independent thinking, initiative, and creativity. High/Scope s goals are for young children to: • Learn through active involvement with people, materials, events, and ideas • Become independent, responsible, and confident, ready for school and ready for life • Learn to plan and execute activities, then talk with other children and teachers about what they have done and what they have learned (Plan-Do-Review) • Gain knowledge and skills in important content areas including language and literacy, initiative and social relationships, creative representation, movement, music, mathematics, and logical thinking Every day, the program offers one-on-one adult attention, assures children that they can	David Weikart, Ph.D. High/Scope Educational Research Foundation 600 N. River Street Ypsilanti, MI 48198-2898 Phone: (734) 485-2000 Fax: (734) 485-2000 Fax: (734) 485-0704 E-mail: info@highscope.org Web site: www.highscope.org Contact: Clay Shouse Director of Educational Services High/Scope Educational Research Foundation 600 N. River Street Ypsilanti, MI 48198-2898 Phone: (734) 485-2000 ext. 221 Fax: (734) 485-4467 E-mail: cshouse@highscope.org Kathy Woodard Director of Marketing Sales High/Scope Educational Research Foundation 600 N. River Street Ypsilanti, MI 48198-2898 Phone: (734) 485-2000 ext. 255 Fax: (734) 485-4467 E-mail: kwoodard@highscope.org	3-5	Male and Female	African American Indian/Alasi Native Asian American Hispanic/La Native Hawaiian and Other Pacific Islander (NHOPI) White	preschools, nursery schools,	• Intervention children do significantly better throughout childhood and adulthood than comparison group	Implement High/Scope preschool curriculum Introduce training methodology Provide specialized two-part assessment system	Training: • N/A Materials: • N/A

	choose interesting things to do, and gives children a sense of control over themselves and their surroundings. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Lela Rowland Prevention Award: National Mental Health Association Model Program: Adults and Children Together (ACT) Against Violence "10 Best Preschools in America": Child Magazine (Demonstration Preschool)								
Incredible Years Selective Indicated	The Incredible Years series features three comprehensive, multi-faceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children (2 to 8 years old). Young children with high rates of aggressive behavioral problems have been shown to be at great risk for developing substance abuse problems, becoming involved with deviant peer groups, dropping out of school, and engaging in delinquency and violence. Ultimately the aim of the teacher, parent, and child training programs is to prevent and reduce the occurrence of aggressive and oppositional behavior, thus reducing the chance of developing later delinquent behaviors. Incredible Years addresses multiple risk factors known to be related to the development of conduct disorders in children in	Carolyn Webster-Stratton, Ph.D. Incredible Years 1411 8th Avenue West Seattle, WA 98119 Phone: (206) 285-7565 Fax: (206) 285-7565 E-mail: incredibleyears@seanet.com Web site: www.incredibleyears.com Lisa St. George Administrative Director Incredible Years Phone: Toll Free: 888-506-3562	Parents of children 2-8	Male and Female	African American Asian Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban pre-schools and elementary schools	Reduced behavior problems Increased prosocial behavior Improved family relationships Improved bonding to school	Improve communication skills Limit setting Nonviolent discipline techniques Problem solving Anger management Parent, Teacher, and Child training groups	Training: • \$1,300 per day, plus expenses; training in Seattle would be less Materials: • Prices vary • All four Basic Program parent training materials cost \$1,300 • Materials also available in Spanish.

	both school and home. In all three training programs, trained facilitators use videotaped scenes to structure the content and stimulate group discussion and problem solving. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: Office of Juvenile Justice and Delinquency Prevention U.S. Leila Rowland National Mental Health Award								
Keep A Clear Mind (KACM) Universal	Keep A Clear Mind (KACM) is a take-home drug education program for upper elementary school students (8 to 12 years old) and their parents. The take-home material consists of 4 weekly sets of activities to be completed by parents and their children together. The program also uses parent newsletters and incentives. KACM lessons are based on a social skills training model and designed to help children develop specific skills to refuse and avoid the use of "gateway" drugs. This unique, early intervention program has been shown to positively influence known risk factors for later substance use. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Chudley Werch, Ph.D., FAAHB Michael Young, Ph.D., FAAHB Health Education Projects Office HP 326A University of Arkansas Fayetteville, AR 72701 Phone: (479) 575-5639 Fax: (479) 575-6401 Web site: www.keepaclearmind.com Program Contact: Michael Young Health Education Projects Office Phone: (479) 575-5639 Fax: (479) 575-6401 E-mail: meyoung@comp.uark.edu	8-12	Male and Female	Multiple Ethnic Groups White	Rural, Suburban, and Urban schools and homes	Greater knowledge of effects of tobacco Reduction in onset of substance use	Parent-child interaction Alcohol and drug knowledge	Training: • Although no formal training is required, an undergraduate degree (teacher training/certification) is required Materials: • \$3.95 per student • Materials available in Spanish. • Parental/take-home materials also available in Spanish.
Leadership and Resiliency Program (LRP)	The Leadership and Resiliency Program (LRP) is a school- and community-based program for high school students (14 to 17 years of	Laura Yager, M.Ed., LPC, CPP-ATOD Director Prevention Services Alcohol and Drug Services	14-17	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban schools	Reduced absences and school disciplinary	 Provide youth with access to a broad spectrum of activities 	Training: • \$3,200 plus transportation and lodging/meals • In addition,

	aga) that works to anhance youths'	Fairfay Falls Church				and	raparts	• Weekly small	angh lagality
Indicated Selective	age) that works to enhance youths' internal strengths and resiliency, while preventing involvement in substance use and violence. Program components include: • Resiliency Groups held at least weekly during the school day • Alternative Adventure Activities that include ropes courses, white water kayaking, camping, and hiking trips • Community Service in which participants are active in a number of community- and school-focused projects These alternative activities, offered after school, on weekends, and during the summer, focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Best Practices in Science-Based Programming: Washington Metropolitan Council of Governments Achievement Award: National Association of Counties Governor s Recognition: Commonwealth of Virginia	Fairfax-Falls Church Community Services Boar 3900 Jermantown Road, Suite 200 Fairfax, VA 22030 Phone: (703) 934-5476 Fax: (703) 934-8742 E-mail: Laura.Yager@fairfaxcounty.gov				and	reports • Increased GPAs and graduation rates • Strengthened resiliency • Minimized impact of risk factors	Weekly small group (7 10) meetings After school volunteer options Substance abuse and violence prevention	each locality will need to work with LRP staff to coordinate alternative activity training site and equipment. Materials: • Curriculum: available via e-mail (through a downloadable file): \$100 • Hard copy of Curriculum: \$150 (includes postage)
LifeSkills Traini (LST) Universal	LifeSkills Training (LST) is a program that seeks to influence major social and psychological factors that promote the initiation and early use of substances. LifeSkills has distinct elementary (8 to 11 years old) and middle school (11 to 14 years old) curricula that are	Gilbert J. Botvin, Ph.D. National Health Promotion Associates, Inc. 711 Westchester Avenue White Plains, NY 10604 Phone: (800) 293-4969 or (914) 421-2525 Fax: (914) 683-6998 E-mail: LSTinfo@nhpanet.com	8-14	Male and Female	African American Asian American Hispanic/Lat White	Rural, Suburban, and Urban edementary and middle school	Reductions in alcohol, tobacco, and illicit drug use	 Life skills Drug resistance skills Social and self- management skills 	Training: • \$100 per day, per person (plus trainer expenses, if on-site training). Includes training folder, but not

delivered in a series of classroom	Web site:			 curriculum;
sessions over 3 years. The	www.lifeskillstraining.com			should purchas
sessions use lecture, discussion,				materials prior
coaching, and practice to enhance	Program Contact:			and bring to
students' self-esteem, feelings of	Chris Williams			training. Numb
	National Health Promotion			
self-efficacy, ability to make				of days varies
decisions, and ability to resist	Associates, Inc.			with training
peer and media pressure.				type/level
				Minimum of 20
LST consists of three major				participants
components that address critical				required for
domains found to promote substance				on-site training
use. Research has shown that				 Trainings are
students who develop skills in				posted at
these three domains are far less				www.lifeskillst
likely to engage in a wide range				To schedule
of high-risk behaviors. The three				training, call
components each focus on a				National Health
different set of skills:				Promotion
				Associates
• Drug Resistance				(NHPA) at 1-8
Skills enable young				293-4969.
people to recognize and				273-4709.
challenge common				Materials:
misconceptions about				
				Pricing posted pricing
substance use, as well as				on web site. Ca
deal with peers and media				purchase
pressure to engage in				individually or
substance use.				as classroom se
Personal Self-Management				To order LST
Skills help students to				materials, call
examine their self-image				Princeton Healt
and its effects on				Press at 1(800)
behavior, set goals and				636-3415
keep track of personal				
progress, identify				
everyday decisions and				
how they may be				
influenced by others,				
analyze problem				
situations, and consider				
the consequences of				
alternative solutions				
before making decisions.				
General Social				
Skills give students the				
necessary skills to				
overcome shyness,				
communicate effectively				
and avoid				
misunderstandings, use				
both verbal and nonverbal				
assertiveness skills to				
make or refuse requests,				
and recognize that they				
have choices other than				

	presentation, discussion, group work, guided practice, and reflection to build positive social behaviors of self-discipline, responsibility, good judgment, and respect for self and others. It develops positive commitments to the family, school, peers, and community in young people. SFA supports social and emotional learning, drug prevention, service learning, and character education initiatives. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Program: Safe and Drug Free Schools and Community Program, U.S. Department of Education Select Program: The Collaborative for Academic, Social and Emotional Learning (CASEL)	Department 300 W. 22nd Street Oak Brook, IL 60523 Phone: (630) 571-5466 ext. 650					regular cigarette smoking and experimental marijuana use among students who had initiated regular alcohol use or binge drinking, but not regular cigarette smoking, by end of sixth grade	events, panel discussions, service projects, and parent meetings	
MPowerment Selective	The Mpowerment Project is a community-based HIV prevention program designed to reduce the rate of unprotected anal intercourse (UAI) among young gay/bisexual men 18 to 30 years old. The Mpowerment Project relies on peer leaders who use targeted environmental, social, and behavioral strategies to develop a strong safer-sex norm among gay/bisexual men. Program interventions include: Community organizing Formal and informal outreach Small, focused publicity campaigns Small group discussions A meeting place that projects a safer sex norm	Susan Kegeles Center for AIDS Prevention Studies University of California 74 New Montgomery, Suite 600 San Francisco, CA 94105 Phone: (415) 597-9306 Fax: (415) 597-9213 E-mail: skegeles@psg.ucsf.edu	18+	Male Only	African American Hispanic/Lat White	Rural, Suburban, amd Urban communities	Dcreased unprotected sexual intercourse Decreased percentage with non-primary partners and boyfriends	Conduct formal and informal peer outreach programs Conduct ongoing publicity campaigns	Training: • N/A Materials: • N/A

	The Mpowerment Project space provides an alternative to bars: it is a safe, healthier meeting place where young gay/bisexual men can congregate, build mutual support systems, and discuss how to reduce high-risk sexual behaviors. A key program goal is to develop a strong, mutually accepted normative belief in and practice of safer sex among young gay/bisexual men. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services HIV Prevention Intervention with Evidence of Effectiveness: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services REP+ Intervention: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services								
Multisystemic Therapy (MST) Indicated	Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. It uses methods that promote positive social behavior and decrease antisocial behavior, including substance use, to change how youth function in their natural settings (i.e., home, school, and neighborhood). The primary goals of MST are to: • Reduce youth criminal activity • Reduce antisocial behavior, including substance abuse • Achieve these outcomes at a cost savings by decreasing incarceration and out-of-home placement	Dr. Scott Henggeler, Ph.D. Family Services Research Center Department of Psychiatry and Behavioral Sciences Medical University of South Carolina 171 Ashley Avenue Charleston, SC 29425-0742 Program Contact: Marshall Swenson, M.S.W., M.B.A. Manager of Program Development MST Services 710 Johnnie Dodds Boulevard Mt. Pleasant, SC 29464 Phone: (843) 856-8226, ext. 215 Fax: (843) 856-8227 E-mail: ms@mstservices.com Web site:	12-17	Male and Female	African American White	Rural, Suburban, and Urban homes	Improved family relations Decreased adolescent substance use Reduced long-term rates of rearrest and out-of-home placement	Focus on comprehensive set of risk factors: individual, family, peer, school, and neighborhood determinants of substance use A home-based model of service delivery Intensive quality assurance	Training: • \$4,000-\$8,000 per family (includes training, TA, and materials) • Upcoming trainings listed on web site at www.mstservices.com • Offered every month, 1- week long, in Charleston, SC. Materials: • Included in training cost • Note: Overview video on MST available upon request

	rates	www.mstservices.com/							
	Based on the philosophy that the most effective and ethical route to help youth is through helping their families, MST views parents or guardians as valuable resources, even when they have serious and multiple needs of their own. A "multisystemic" approach, however, views these youth as involved in a network of interconnected systems that encompass individual, family, and extra-familial (e.g., peer, school, neighborhood) factors, and recognizes that it is often necessary to intervene in more than one of these systems. MST addresses these factors in an individualized, comprehensive, and integrated manner. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: Office of Juvenile Justice and Delinquency Prevention Effective Program: U.S. Surgeon General's Reports on Mental Health and Youth Violence Families Count Award: Annie E.	www.mstservices.com/							
	Casey Foundation				25.44.4	-			
Nurse-Family Partnership (NFP) Selective Indicated	Nurse-Family Partnership (NFP) provides first-time, low-income mothers of any age with home visitation services from public health nurses. NFP nurses work intensively with these mothers to improve maternal, prenatal, and early childhood health and well being with the expectation that this intervention will help achieve long-term improvements in the lives of at-risk families. The intervention process is effective because it focuses on developing therapeutic relationships with the family and is designed to improve	David Olds Contact: Kellie L. Teter, MPA Site Development Specialist National Center for Children, Families and Communities 4200 E. 9th Avenue Box C288-13 Denver, CO 80218 Phone: (303) 315-1208 Fax: (303) 315-1489 E-mail: Kellie.Teter@UCHSC.edu	Low income first time mothers and their babies	Female Only	Multiple Ethnic Groups	Rural, Suburban, and Urban homes	Reduced cigarette smoking during pregnancy Reduced hospital emergency visits with detected injuries Reduced rates of child maltreatment	Nurse home visitation Prenatal, infant, and early development education Building supportive relationships	Training: N/A Program costs: Estimated at \$780,000 for 100 families over three years (varies according to local nursing salaries) Mininum implementation for approved sites is 4 nurses and 1

	five broad domains of family functioning: • Health (physical and mental) • Home and neighborhood environment • Family and friend support • Parental roles • Major life events (e.g., pregnancy planning, education, employment) Starting with expectant mothers, the program addresses substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and a lack of opportunities for the children. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: Office of Juvenile Justice and Delinquency Prevention						Fewer subsequent births Reduced maternal behavioral problems due to alcohol and drug abuse		supervisor serving 100 families
Olweus Bullying Prevention Selective Universal	Olweus Bullying Prevention is a multilevel, multicomponent school-based program designed to prevent or reduce bullying in elementary, middle, and junior high schools (students 6 to 15 years). The program attempts to restructure the existing school environment to reduce opportunities and rewards for bullying. School staff is largely responsible for introducing and implementing the program. Their efforts are directed toward improving peer relations and making the school a safe and positive place for students to learn and develop. While intervention against bullying is particularly important to reduce the suffering of the	Dan Olweus Research Professor and Program Director The HEMIL Center (Research Center for Health Promotion) Department of Psychology University of Bergen Christiesgate 13, N-5015 Bergen Norway Phone: 011-47-55-58-23-27 E-mail: olweus@online.no Reidar ThyholdtPsychologist and Project Director The HEMIL Center (Research Center for Health Promotion) Department of Psychology University of Bergen Phone: 011-47-95-11-04-90	6-15	Male and Female	White	Rural, Suburban, and Urban schools	Reduced frequency in student reports on bullying others and being bullied Reduced student reports of general antisocial behaviors: vandalism, fighting, theft, and truancy	Improving peer relations Making the school a safe and pleasant place by restructuring the school environment to reduce opportunities and rewards for bullying behavior	Training: • \$2,700 to \$3,750 for 1 1/2 day training of members of 1 or 2 schools Committees and followup consultation (approx. ten 1/2-hour phone calls) • Additional \$250 per half-day of travel time for trainer to travel to and from training site • Additional travel costs for trainer, including

	victims, it is also highly desirable to counteract these tendencies for the sake of the aggressive student, as bullies are much more likely than other students to expand their antisocial behaviors. Research shows that reducing aggressive, antisocial behavior may also reduce substance use and abuse. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: Office of Juvenile Justice Delinquency Prevention	E-mail: reidar.thyholdt@psyhp.uib.no Susan P. Limber Associate Professor Institute on Family and Neighborhood Life Clemson University 158 Poole Agricultural Center Clemson, SC 29634 Phone: (864) 656-6320 Fax: (864) 656-6281 E-mail: slimber@clemson.edu					• Improved class social climate: order, discipline, positive relationships, and positive attitude toward schoolwork		airfare (if appropriate), lodging, meals, local transportation, telephone calls • Costs of training and consultation vary slightly by trainer, region of the country and the number of sites being trained Materials: • \$200 per school for assessment tool • \$65 per teacher for classroom materials
Parenting Wiselv Selective Indicated	The Parenting Wisely intervention is a self-administered, computer-based program that teaches parents and their 9- to 18-year-old children important skills for combating risk factors for substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene. The highly interactive and nonjudgmental CD-ROM format accelerates learning, and parents use new skills immediately. The Parenting Wisely program: • Reduces children's aggressive and disruptive behaviors • Improves parenting skills • Enhances family communication • Develops mutual support • Increases parental supervision and appropriate discipline of their children	Donald Gordon FamilyWorks, Inc. 20 East Circle Drive Suite 190 Athens, OH 45701-3751 Phone: (740) 593-9505; Toll Free: 1(866) 234-WISE Fax: (541) 482-2829 E-mail: familyworks@familyworksinc.com Web site: www.parentingwisely.com/	9-18 delinquents, at-risk adolescents, and parents	Male and Female	African American American Indian/Alask Native Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	settings	Increased knowledge of parenting principles and skills Reduced child problem behaviors	Enhance parent communication skills Increase parental knowledge and use of appropriate and effective parenting techniques Promote healthy family interactions	Training: No formal training available Materials: CD Kit costs \$599 and includes:1 display poster, 5 workbooks, 1 service provider manual, 5 program completion certificates, 10 referral cards, 1 floppy disk with pre/post evaluation instrument, 20 brochures, and 2 parent registration forms. Three part video series costs \$299

	A highly versatile program, Parenting Wisely can be used alone, in a group, or with a practitioner at a variety of locations such as public agencies, schools, libraries, or at home. Semiliterate parents can use the Parenting Wisely program, as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth-grade level, and the entire program is available in Spanish. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary II Program: Family Strengthening, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice Pathways Project: Youth Justice Board, London, England								
Positive Action (PA) Selective Indicated Universal	Positive Action (PA) is an integrated, comprehensive, and coherent program that has been shown to improve academic achievement and behaviors of children and adolescents (5 to 18 years old) in multiple domains. It is intensive, with lessons at each grade level (from kindergarten to 12th) that are reinforced all day, schoolwide, at home, and in the community. It includes school, family, and community components that work together or can stand alone. For students, Positive Action improves: • Individual self-concept • Academic achievement and learning skills • Decisionmaking, problem	Carol Gerber Allred, Ph.D. Positive Action, Inc. 264 4th Ave. South Twin Falls, ID 83301 Phone: (208) 733-1328 Fax: (208) 733-1590 E-mail: info@positiveaction.net Web site: www.positiveaction.net	5-18	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban schools, families, communities businesses, churches, penal institutions	Improved academic scores Strong effects on drug use, tobacco and alcohol use, violence, suspensions, and delinquencies Improved attendance Improved self-concept Parent involvement with children,	Life skills Social, self-management, and goal setting skills Problem solving/goal setting skills Anger management Thinking skills Character development Mental and physical health Social and emotional learning Parent-child-school interactions Bonding to	Training: • Available to schools, families, and communities • \$600 per day, plus travel expenses Materials: • Available for all grade levels and includes a Teacher Kit (\$300), School Climate Kit (\$400), Family Kit (\$55), Community Kit (\$300), and a Counselor Kit (\$60)/person • \$750 Training kit for

positi class of set improper set in turn their profession in turn their	ect ACHIEVE is an innovative ol reform and school	Dr. Howard M. Knoff No Affiliation 8505 Portage Avenue	Pre-K through Middle	Male and Female	American	Rural, Suburban, and	• Decreased referrals to and	• Social skills • Problem solving	• \$140 Elementary Implementation Plan (includes evaluation tools) • \$140 Elementary Rejuvenation Plan Training: • Minimum of 2 days of
		Tampa, FL 33647	School;		Indian/Alask		placements	methods	building-wide

Selective	for use in preschool, elementary, and middle schools (students 3 to 14 years old). It is designed to help schools, communities, and families develop, strengthen, and solidify their youth's resilience, protective factors, and self-management skills. Project ACHIEVE works to improve school and staff effectiveness, and places particular emphasis on increasing student performance in the areas of: • Social skills and social-emotional development • Conflict resolution and self-management • Achievement and academic progress • Positive school climate and safe school practices Project ACHIEVE implements schoolwide positive behavioral and academic prevention programs that focus on the needs of all students. It also develops and implements strategic intervention programs for at-risk and underachieving students, and it coordinates comprehensive and multifaceted "wrap-around" programs for students with intensive needs. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: White House Conference on School Safety Effective School Reform Program: Center for Effective Collaboration and Practice, American Institutes for Research	Phone: (813) 978-1718 Fax: (813) 972-1392 E-mail: knoffprojectachieve@earthlink.net Web site: www.coedu.usf.edu/projectachieve Stop and Think Program Materials: Sopris West, Inc. 4093 Specialty Place Longmont, CO 80504 Phone: (800) 547-6747 Web site: www.sopriswest.com	Adapted at the High School level	Native Asian American Hispanic/La Native Hawaiian and Other Pacific Islander (NHOPI) White	pre-schools, elementary schools, timiddle schools, and high schools; alternative and juvenile justice facilities; and special education centers	in special education • Decline in disciplinary referrals to office of principal and school suspension • Improved academic performance	Anger-reduction techniques Building-wide, positive behavior support and management approaches	training and 1 day technical consultation \$1,500 per day, plus expenses; training done by Howard Knoff or Sopris West Training and consultation/technical assistance costs may involve up to 10 to 15 days for the first 3 years. These costs will taper over time and may be offset by combining these costs with other resources already available to the school system. Materials: \$125 classroom package of Stop Think social skills teachers manual, reproducible forms booklet, skill cards for all students, posters, large and small Stop Think stop signs Additional Stop Think signs for building (approximately \$250) Additional Stop Think posters for building (approximately \$100) \$69 Teacher manuals and reproducible
	Effective School Reform Program: Center for Effective Collaboration and Practice, American Institutes							(approximately \$100) • \$69 Teacher manuals and

									sets of 5 • \$45.95 Parent Training Video • \$1.90 - \$25 Sets of support materials sold separately in packages of 5 and up (charms, stickers, magnets, memo pads, pencils, pins, signs, self-inking stamps, and t-shirts • To order materials call Sopris West at 1(800) 547-6747 • Materials also available in Spanish.
Project ALERT	Project ALERT is a drug prevention curriculum for middle-school	Phyllis L. Ellickson, Ph.D. RAND	11-14	Male and Female	African American American	Rural, Suburban, and	• Reduced marijuana use	 Build schoolwide norms against 	Training: • \$150 (includes training
Selective Universal	students (11 to 14 years old), which dramatically reduces both	For information on			Indian/Alask Native	Urban middle	initiation • Decreased	drug use • Understand	workshop, all program
Universal	the onset and regular use of	teacher training,			Asian	schools	current	social/health	materials, and
	substances. The 2-year, 14-lesson	curricula, technical			American		and	consequences	on-going TA)
	program focuses on the substances	assistance, and cost:			Hispanic/Lat	ino	heavy	of drug use	Workshop and
	that adolescents are most likely to use: alcohol, tobacco,	G. Bridget Ryan			Native Hawaiian		smoking • Reduced	 Identify pro-drug 	online training are available.
	marijuana, and inhalants. Project	President President			and		pro-	pressures	Also, onsite
	Alert use participatory activities	Project ALERT			Other		drug	• Develop	training costs
	and videos to help:	725 S. Figueroa Street, Suite 970			Pacific Islander		attitudes and	resistance skills	\$4200 for 25 participants and
	Motivate adolescents	Los Angeles, CA 90017-5416			(NHOPI)		beliefs	• Involve	an additional
	against drug use	Phone: (800) 253-7810			White		• Helped	parents in	\$150 for each
	Teach adolescents the skills and strategies	Fax: (213) 623-0585 E-mail:					smokers quit	prevention • Recognize	additional person.
	needed to resist prodrug	gbryan@projectalert.best.org					quit	benefits of	person.
	pressures	Web site:						being	Materials:
	Establish nondrug-using norms	www.projectalert.com						drug-free	Teacher manual (includes core
		For information on							and booster
	Guided classroom discussions and small group activities stimulate	Project ALERT development and evaluation:							lessons), 8 student videos,
	peer interaction and challenge	and Crudution.							12 classroom
	student beliefs and perceptions,	Phyllis L. Ellickson,							posters,
	while intensive role-playing activities help students learn and	Ph.D. RAND							overview video for colleagues
	activities help students teath and	10110	1						
	master resistance skills. Homework	1700 Main Street							community,

	parents extend the learning process by facilitating parent child discussions of drugs and how to resist using them. These lessons are reinforced through videos that model appropriate behavior. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: U.S. Department of Education Exemplary Program: White House Office of National Drug Control Policy Exemplary Program: National Prevention Network, the National Association of State and Alcohol and Drug Abuse Directors, the Community Anti-Drug Coalitions of America Endorsed by the National Middle School Association	Phone: (310) 393-0411 Fax: (301) 451-7062 E-mail: phyllis ellickson@rand.org Web site: www_rand.org							leader manual Trained Project ALERT teachers continue to receive: Free video print curriculum updates Free subscription to ALERT Educator teacher support newsletter Toll-free phone support TA Access to an on-line faculty advisor NOTE: An overview/promotional video is available on request Parental/take-home materials also available in Spanish.
Project Northland Universal	Project Northland is a multilevel, multiyear program proven to delay the age at which young people begin drinking, reduce alcohol use among those who have already tried drinking, and limit the number of alcohol-related problems of young drinkers. Designed for sixth, seventh, and eighth grade students (10 to 14 years old), Project Northland addresses both individual behavioral change and environmental change. Project Northland also strives to change how parents communicate with their children, how peers influence each other, and how communities respond to young adolescent alcohol use. Components include:	Cheryl Perry, Ph.D. Carolyn L. Williams, Ph.D. Program Contact: Ann Standing Hazelden Publishing and Educational Services 15251 Pleasant Valley Road Box 176 Center City, MN 55012-0176 Phone: (651) 213-4030; Toll free: (800) 328-9000, ext. 4030 Fax: (651) 213-4793 E-mail: astanding@hazelden.org Web site: www_hazelden.org	10-14	Male and Female	African American American Indian/Alask Native Asian Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	middle schools	Reductions in daily smoking, marijuana, and alcohol use	Peer leadership Parent involvement	Training: • \$1750 per day plus expenses • Trainings posted on Web site • Registration Training Events (offered nationwide, see Web site for schedule): • \$755 for training plus one complete curriculum (training is 3 days) for

	Parent involvement and education programs Behavioral curricula Peer participation Community activities Each intervention year has an overall theme and is tailored to the developmental level of the young adolescent. Alcohol is the focus of the Project Northland program because it is American teenagers' drug of choice and inflicts the greatest harm among youth. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: U.S. Department of Education Rated "A": Drug Strategies, Making the Grade								Grades 6-8 \$ \$430 for training plus one complete SuperCharged! component Materials: • \$245 for each grade (includes all materials) • \$755 for complete 4-piece set (3 grades plus Supercharged!)
Indicated Selective	Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) prevents and reduces substance use among high-risk, multiproblem high school adolescents. Developed and tested with alternative school youth 14 to 18 years old, the program places highly trained professionals in schools to provide a full range of substance use prevention and early intervention services. Counselors use a variety of intervention strategies, including: Information dissemination Normative and preventive education Counseling and skills training Problem identification and referral Community-based processes Environmental approaches	Ellen Morehouse, M.S.W., CASAC, CPP Student Assistance Services Corporation 660 White Plains Road Tarrytown, NY 10591 Phone: (914) 332-1300 Fax: (914) 366-8826 E-mail: sascorp@aol.com Web site: www_sascorp.org	14-18	Male and Female	Asian	Rural, Suburban, and Urban anternative high schools	Reduction in alcohol, tobacco, and illegal drug use and related problems	Individual and group counseling Youth coping skills Resistance skills	Training: • \$375, plus expenses per person, includes materials and manual Materials: • \$125 Manual

	In addition, Project SUCCESS links the school to the community s continuum of care when necessary, referring both students and families to human services organizations, including substance abuse treatment agencies. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services								
Project Toward No Tobacco Use (TNT) Universal	Project Toward No Tobacco Use (TNT) is a comprehensive, classroom-based curriculum designed to prevent or reduce tobacco use in youth 10 to 15 years old in grades five through ten. Upon completion of this program, students will be able to describe the course of tobacco-addiction, the consequences of using tobacco, and the prevalence of tobacco use among peers. Delivered in 10 core and 2 booster lessons, TNT is proven effective at helping youth to: Presist tobacco use and advocate no tobacco use Demonstrate effective communication, refusal, and cognitive coping skills Identify how the media and advertisers influence youth to use tobacco products Identify methods for building their own self-esteem Describe strategies for advocating no tobacco use Project TNT is designed to counteract several different causes of tobacco use simultaneously because the behavior is determined by multiple causes. This comprehensive	Steve Sussman, Ph.D. FAAHB Institute for Health Promotion and Disease Prevention Dept. of Preventive Medicine, USC 1000 South Fremont Avenue, Unit 8, Suite 4124 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 E-mail: ssussma@hsc.usc.edu Training: Stephen Hauk Institute for Health Promotion and Disease Prevention Dept. of Preventive Medicine, USC 1000 South Fremont Avenue, Unit 8, Suite 4124 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 To order teacher s manual and student workbooks: ETR Associates P.O. Box 1830 Santa Cruz, CA 95061-1830 Phone: (800) 321-4407 Fax: (800) 435-8433 Web site: www_etr.org/	10-15	Male and Female	African American Asian American Hispanic/La Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban elementary and middle schools	Reduction of initiation of smoking Reduction of weekly and frequent smoking Reduction of initiation of smokeless tobacco use Reduction of weekly and frequency of smokeless tobacco use	Communication, assertiveness and tobacco specific cognitive coping skills Course of addiction and disease Media literacy and social activism Public commitment	Training: • \$500, plus expenses Materials: • \$40 TNT Cessation • \$40 Tobacco video • \$80 Peer Pressure video • \$2.50 Post test • \$45 Curriculum • \$18.95 set of 5 student workbooks

Project Towards No	variety of youth who may have different risk factors influencing their tobacco use. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Programs That Work: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services Exemplary Program: U.S. Department of Education Programs That Work: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services	Steve Sussman, Ph.D. FAAHB	14-19	Male and	Multiple Ethnic	Rural,	• Reduced levels	• Social and health	Training:
Towards No Drug Abuse (TND) Indicated Selective	Project Towards No Drug Abuse (TND) is a highly interactive program designed to help high school youth (14 to 19 years old) resist substance use. A school-based program, TND consists of twelve 40- to 50-minute lessons that include motivational activities, social skills training, and decisionmaking components that are delivered through group discussions, games, role-playing exercise, videos, and student worksheets. Project TND teaches participants increased coping and self-control skills that allow them to: • Grasp the cognitive misperceptions that may lead to substance use and express a desire not to abuse substances • Understand the sequence of substance abuse and the consequences of using substances • Correct myths concerning	Institute for Health Promotion and Disease Prevention Dept. of Preventive Medicine, USC 1000 South Fremont Avenue, Unit 8, Suite 4124 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 E-mail: ssussma@hsc.usc.edu Web site: www.cceanet.org/Research/Sussman/tn Training: Stephen Hauk Institute for Health Promotion and Disease Prevention Dept. of Preventive Medicine, USC 1000 South Fremont Avenue, Unit 8, Suite 4124 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012	ł.htm	and Female	Ethnic Groups	Suburban, and Urban high schools	levels of alcohol use (among baseline users) • Reduced levels of cigarette smoking • Reduced levels of hard drug use • Reduced levels of marijuana use • Reduced levels of marijuana use • Reduced	health consequences of drug use • Active listening • Effective communication • Stress management • Self-control and self-confidence • Cognitive misperception correction • Motivation enhancement • Decisionmaking	\$500 per day, plus expenses Materials: \$70 Teacher manual \$50 Student workbook (set of 5) \$40 Drugs and Life Dreams video

	substance use • Demonstrate effective communication, coping, and self-control skills • State a commitment to discuss substance abuse with others Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: Health Canada Model Program: Sociometrics, Inc.							
Prolonged Exposure Therapy for Posttraumatic Stress Disorders Indicated	Prolonged Exposure (PE) therapy is a cognitive-behavioral treatment program for individuals suffering from posttraumatic stress disorder (PTSD). The program consists of a course of individual therapy designed to help clients process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research has shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety. The standard treatment program consists of 9 to 12, 90-minute sessions. PE includes three components: • Psychoeducation about common reactions to trauma and the cause of chronic post-trauma difficulties • Imaginal exposure: repeated recounting of the traumatic memory (emotional reliving) • In-vivo exposure: gradually approaching trauma reminders (e.g., situations, objects) that, despite being safe, are feared and avoided	Edna B. Foa, Ph.D. Director Center for the Treatment and Study of Anxiety Department of Psychiatry University of Pennsylvania 3535 Market Street, Suite 600 North Philadelphia, PA 19104 Phone: (215) 746-3327 Fax: (215) 746-3311 E-mail: foa@mail.med.upenn.edu For program, training, and research information: Center for the Treatment and Study of Anxiety Department of Psychiatry University of Pennsylvania 3535 Market Street, 600 N Philadelphia, PA 19104 E-mail: esta@mail.med.upenn.edu Web site: http://www.med.upenn.edu/ctsa/ Elizabeth A. Hembree, Ph.D. Assistant Professor and Director of Training Center for the Treatment and Study of Anxiety Phone: (215) 746-3327 Fax: (215) 746-3311 E-mail:	18-70	Male and Female	Multiple Ethnic Groups	Suburban and Urban settings in clinics, including community mental health outpatient clinics, veterans centers, rape counseling centers, private practice offices, and inpatient units		Training: N/A Materials: N/A

Promoting Alternative THinking Strategies (PATHS) Universal Selective	including intrusive thoughts, intense emotional distress, nightmares and flashbacks, avoidance, emotional numbing and loss of interest, sleep disturbance, concentration impairment, irritability and anger, hypervigilance and excessive startle response. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Service and Support to Victims and Witnesses of Crime Award: Philadelphia Coalition for Victim Advocacy PATHS (Promoting Alternative THinking Strategies) is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting-out behaviors in elementary-school-aged children, while simultaneously enhancing the	hembree@mail.med.upenn.edu David S. Riggs, Ph.D. Assistant Professor Center for the Treatment and Study of Anxiety Phone: (215) 746-3327 Fax: (215) 746-3311 E-mail: driggs@mail.med.upenn.edu Carol A. KuschØ, Ph.D. Mark T. Greenberg, Ph.D. Prevention Research Center Henderson Building S-109 Pennsylvania State University Park, PA 16802 Phone: (814) 863-0112 Fax: (814) 865-2530 E-mail: mxg47@psu.edu	5-10	Male and Female	American American Indian/Alask Native Asian	schools and communities	• Improved self-control, emotional literacy, ability to tolerate frustration	Prevent or reduce behavioral and emotional problems Assist students in identifying/labeling feelings and behaviors	Training: • \$3,000 plus expenses (does not include materials) Materials: • \$640 for a complete 7-volume set
	educational process in the classroom. This innovative curriculum for kindergarten through sixth grade (ages 5 to 12) is used by educators and counselors as a multiyear, prevention model. The PATHS curriculum provides teachers with systematic and developmentally based lessons, materials, and instructions for teaching their students: • Emotional literacy • Self-control • Social competence • Positive peer relations • Interpersonal problem-solving skills The PATHS curriculum has been shown to improve protective factors and reduce behavioral risk	Web site: www.prevention.psu.edu/PATHS/ Program Materials: Channing Bete Company One Community Place South Deerfield, MA 01373 Phone: (877) 896-8532 Fax: (800) 499-6464 E-mail: PrevSci@channing-bete.com Web site: www.preventionscience.com			Groups Native Hawaiian and Other Pacific Islander (NHOPI) White		anxiety/depres on, conduct problems, and symptoms of sadness and depression	Provide teachers with systematiclessons and materials	\$300-\$350 for each individual grade level Implementation Costs:

	factors. Evaluations have demonstrated significant improvements for program youth, including those in general education and special needs settings. Although primarily focused on school and classroom settings, information and activities are also included for use with parents. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice Promising Program: U.S. Surgeon General's Report on Youth Violence Promising Program: Safe and Drug-Free Schools Program, U.S. Department of Education Best Practices in Youth Violence Prevention Program: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services SELect Program: Collaborative for Academic, Social and Emotional Learning								child per year
Protecting You/Protecting Me Universal	Protecting You/Protecting Mefi(PY/PM) is a 5-year, classroom-based alcohol-use prevention curriculum for elementary students in grades one through five (6 to 11 years old). Designed to reduce alcohol-related injury and death in our Nation's youth, PY/PM: • Is proven to change children's knowledge about their brains and personal development	Kappie Bliss, M.Ed., LPC Director Elementary Programs Mothers Against Drunk Driving 611 South Congress Avenue Suite 210 Austin, TX 78704 Phone: (512) 693-9422 Fax: (512) 693-9435 E-mail: kappie@kbliss.com Web site: www_pypm.org/	6-11	Male and Female	African American American Indian/Alask Native Asian American Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI)	elementary schools	Students less likely to ride with impaired driver Students gained critical life-saving skills to protect themselves	Importance od protecting the brains of persons under age 21 years of age from the biological effects of alcohol Ways to help children avoid the risks associated	Training: • 1-day teacher training: \$155 to \$365 (Grades 1-5) • 2-day teacher training: \$195 to \$405 (Grades 1-5) • A minimum of 20 trainees are required for each training Materials:

Increases children s intentions not to ride with an impaired driver Improves children s vehicle safety skills: their ability to protect themselves when they have no option but to ride		White	when they have no	with riding with drivers who are	 Cost of materials included in
with an impaired driver Improves children s vehicle safety skills: their ability to protect themselves when they have no option but to ride					
Improves children s vehicle safety skills: their ability to protect themselves when they have no option but to ride				who are	included in
Improves children s vehicle safety skills: their ability to protect themselves when they have no option but to ride					
vehicle safety skills: their ability to protect themselves when they have no option but to ride			option	alcohol	training costs
their ability to protect themselves when they have no option but to ride					training costs
themselves when they have no option but to ride			but to	impaired	
no option but to ride			ride		
			with an		
			impaired		
with an adult who is not			driver		
alcohol-free			Students		
alconor-nec			become		
D 4 : 11: 1					
Because the program is delivered			more		
in elementary school, it reaches			strongly		
children before they have fully			opposed		
formed their attitudes toward			to		
alcohol. The curriculum:			drinking		
alconon the currenam			and		
- Y					
Incorporates the latest			driving		
research on human brain			and to		
development			underage		
 Focuses on the immediate 			drinking		
risks of using alcohol			Students		
before age 21			increased		
• Includes parental			their		
involvement activities			media		
			literacy		
The program can be taught by			and		
trained high school students, as			gained		
well as by teachers, with high			knowledge		
school student teachers deriving			about		
short-term outcomes including			their		
č					
reduced alcohol use and increased			brains		
perceptions of the risks of			and		
underage alcohol use.			becoming		
			grown-up		
All program materials are			• High		
available in English and Spanish.			school		
avanable in English and Spanish.					
n			students		
Recognition			teaching		
			PY/PM		
Model Program: Substance Abuse and			also		
Mental Health Services			demonstrated		
Administration, U.S. Department of			significant		
Health and Human Services			increases		
ricaith and riuman services					
			in		
Texas Commission on Alcohol and			their		
Drug Abuse State Wide Replication			attitudes		
Program			toward		
, and the second			the		
Endorsed by the National			risks		
Elementary Principals Association			of		
			underage		
			alcohol		
Endorsed by the American Academy			1		
Endorsed by the American Academy of Pediatrics			and		
			other		

							use and declines in their own personal use of alcohol		
Reconnecting Youth (RY) Indicated	Reconnecting Youth (RY) is a school-based prevention program for youth in grades nine through twelve (14 to 18 years old) who are at risk for school dropout. These youth may also exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors. Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals: Decreased drug involvement Increased school performance Decreased emotional distress Students work toward these goals by participating in a semester-long high school class that involves skills training in the context of a positive peer culture. RY students learn, practice, and apply self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Programs That Work: National Institute on Drug Abuse Grade "A" "A+": Drug Strategies	Leona L. Eggert, Ph.D., RN, FAAN University of Washington School of Nursing Box 357263 Seattle, WA 98195-7263 Phone: (425) 861-1177 Fax: (425) 861-8071 E-mail: eggert@u.washington.edu Web site: www.son.washington.edu/departments/ Program and Training Contact: Liela Nicholas Co-Developer and Principle RY Trainer Phone: (425) 861-1177 Fax: (425) 861-8071	neth/ry	Male and Female	Multiple Ethnic Groups	Urban and Suburban high schools	Increased school performance Decreased deviant peer bonding Decreased depression and aggression	Mentoring Social support School bonding High school dropout prevention	• \$750 per day, plus travel and expenses for 5 to 7 participants Materials: • \$179, plus shipping for curriculum

Residential Student Assistance Program (RSAP) Indicated Selective	The Residential Student Assistance Program (RSAP) is a substance abuse prevention program developed for high-risk adolescents (14 to 17 years old) living in residential facilities. The program is based on the Westchester Student Assistance Model and works by placing highly trained professionals in residential facilities to provide residents with a full range of substance abuse prevention and early intervention services. The program uses proven prevention strategies that include: Information dissemination Normative and preventive education Problem identification and referral Community-based interventions Environmental approaches RSAP counselors work with adolescents individually and in small groups. Intervention services are fully integrated into the adolescent s overall experience at the residential facility and have an impact on both their school and residential environments. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Ellen R. Morehouse, ASW, CASAC Student Assistance Services 660 White Plains Road Tarrytown, NY 10591 Phone: (914) 332-1300 Fax: (914) 366-8826 E-mail: sascorp@aol.com Web site: www.sascorp.org/residesap.htm	10-14	Male and Female	African Hispanic/Lat	Urban residential five ilities	• Reduced marijuana, alcohol, and tobacco use	Individual and group counseling Youth coping skills Promotion of	Training: • \$375, plus expenses per person, includes materials Materials: • Included in training cost
in Peaceful and Positive Wavs (RIPP) Universal	Responding in Peaceful and Positive Ways (RiPP) is a school-based violence prevention program designed to provide students in middle and junior high schools with conflict resolution strategies and skills. It combines a classroom curriculum of social/cognitive problem solving	Wendy Bauers Northup, M.A. Department of Psychology Virginia Commonwealth University VCU Box 2018 808 West Franklin Street Richmond, VA 23284 Phone: (804) 828-0015 Fax: (804) 828-2237	10-14	iviaie and Female		Suburban,	school disciplinary code violations Decreased student reported frequency of drug	schoolwide norms for nonviolence and achievement Social cognitive problem-solving model that	\$650 per person Materials: Material costs are included in training costs. Training is required to obtain

with real-life skill-building	E-mail:			use and	provides	curriculum.
opportunities such as peer	ameyer@saturn.vcu.edu			violent	several	
mediation. Students learn to apply				behaviors	social skills	
critical thinking skills and				 Increased 	options for	
personal management strategies to				prosocial	nonviolence	
personal health and well-being				attitudes	Implementation	
issues. Delivered over 3 years,				and	of program by	
RiPP teaches key concepts that					adult role	
include:				peer	model	
include:				support		
TTI :				for	Opportunities	
• The importance of				prosocial	for real-life	
significant friends or				behavior	application	
adult mentors				Decreased	of skills	
 The relationship between 				peer		
self-image and				pressure		
gang-related behaviors				to use		
 The effects of 				drugs		
environmental influences						
on personal health						
Using a variety of lessons and						
activities, students learn about						
the physical and mental						
development that occurs during						
adolescence; analyze the						
consequences of personal choices						
on health and well-being; learn						
that they have nonviolent options						
when conflicts arise; and evaluate						
the benefits of being a positive						
family and community role model.						
In a within-school evaluation of						
RIPP, compared to control						
students, RIPP-6 students at						
post-test were significantly less						
likely to have disciplinary code						
violations for carrying weapons,						
were less likely to have in-school						
suspensions, had lower reported						
rates of fight-related injuries,						
and were more likely to						
participate in their school s						
peer-mediation program. RIPP-7						
participants showed a significant						
increase in their knowledge of						
curriculum material and a trend						
for greater decreases in anxiety.						
At 6-month follow-up, RIPP-7						
students reported lower rates of						
peer pressure to use drugs, and						
showed a significant increase in						
prosocial responses to						
hypothetical problem situations.						
In another study, compared to						
In another study, combared to						

	students at intervention schools reported more favorable attitudes toward nonviolence, less favorable attitudes toward violence, less favorable attitudes toward violence, and greater knowledge of the material covered in the intervention. Significant differences on the frequency of aggression were found at post-test. An evaluation of RIPP-8 is currently underway. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Effective Program: Safe and Drug Free Schools, U.S. Department of Education								
Schools and Families Educating Children (SAFE Children) Universal Selective	SAFE Children is a community- and school-based program that helps families manage educational and child development in communities where children are at high risk for substance abuse and other problem behaviors. It is based on a developmental-ecological model that looks at how neighborhood and school characteristics affect children and families, children's school achievement, their social adjustment, and their maturation. The program aims to help children 5 to 6 years old make the transition into elementary school, have a successful first year, and set a strong base for the future. Families with children entering first grade and living in inner-city, high-risk neighborhoods are enrolled in a 20-week family program that aims to: Build support networks among parents Develop parenting skills and knowledge of child development Give parents a better understanding of schools	Patrick Tolan, Ph.D. Deborah Gorman-Smith, Ph.D. David Henry, Ph.D. Director Institute for Juvenile Research Department of Psychiatry The University of Illinois at Chicago 840 South Wood Street Chicago, IL 60612-7347 Phone: (312) 413-1893 E-mail: Tolan@uic.edu	4-6 and parents	Male and Female	African American Hispanic/Lat	Urban schools ino	Children-socia competence increased as the result of improved family emotional cohesion Greater improvement in academic achievement than control group Parents maintained enthusiasm for and involvement in children-scholife Parents used more effective parenting practices, and	Parent Training School/community collaboration Skill development Turtoring	Training: Cost and budget information under development Materials: Cost and budget information under development Tracking software package for MAC computers \$549

	and how they work • Ensure that children have the skills to master basic reading skills Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services						reported greater use of home rules and family organization strategies • Reading scores approximated the national average and were 4 months ahead of control group		
Second Step Universal	Second Step is a classroom-based social skills program for preschool through junior high students (4 to 14 years old). It is designed to reduce impulsive, high-risk, and aggressive behaviors; and increase children's social-emotional competence and other protective factors. Group discussion, modeling, coaching, and practice are used to increase students' social competence, risk assessment, decisionmaking ability, self-regulation, and positive goal setting. The program s lesson content varies by grade level and is organized into three skill-building units covering: • Empathy: teaches young people to identify and understand their own emotions and those of others • Impulse control and problem solving: helps young people choose positive goals; reduce impulsiveness; and evaluate consequences of	Barbara Guzzo Committee for Children Client Support Services Dept. 568 First Avenue, Suite 600 Seattle, WA 98104 Phone: (800) 634-4449 Fax: (206) 438-6765 E-mail: info@cfchildren.org Web site: www.cfchildren.org/violence.htm	4-14	Male and Female	African American Hispanic/La White	Rural, Suburban, tamod Urban pre-K through middle schools; community centers	Reduced physical and verbal aggression Increased positive social interactions Greater understanding of emotional skills Less likely to endorse relational aggression	Teach empathy, impulse control, and anger management skills Provide opportunities for modeling, practice, and reinforcement of these skills	Training: Regional Staff Training (1 day): \$169 per participant, for Preschool-Grade 9. (Second Step curriculum not included.) Regional Training for Trainers (3days): \$499 per participant for Preschool-Grade 9 (Trainer s Manual and staff training videos are included. The Second Step curriculum materials are not included.) Second Step Family Guide Facilitator Training: \$169 per participant for Preschool-Grade 5. (Family Guide manual not

	their behavior in terms of safety, fairness, and impact on others • Anger management: enables young people to manage emotional reactions and engage in decisionmaking when they are highly aroused Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Exemplary Program: U.S. Department of Education "A" Program: Drug Strategies							•	included.) Materials: Pre-school Kindergarten Kit (ages 4- 6) \$259 Puppets: Puppy \$38 Snail \$24 Buy both receive 20% discount \$49 Segundo Paso Spanish Language Supplement: \$50 Grades 1-3 Kit: \$269 Grades 4-5 Kit: \$249 Additional Anger Management Posters are \$4 each Segundo Paso Spanish Language Supplements (Grades 4-5 Kit: \$249 Management Posters are \$4 each Segundo Paso Spanish Language Supplements (Grades 4-5 Kit: \$250 Middle School/Junior High: Level 1 Foundation: \$295 Level 2 Skill Building: \$125 Level 3 Skill Building: \$125 Materials also available in Spanish.
Start Taking Alcohol Risks	Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program for	Chudley E. Werch, Ph.D., CHES, FAAHB Center for Drug Prevention and Health	11-14 and parents	Male and Female	African American White	Rural, Suburban, and Urban	• Avoidance of reductions in	Health care consultations Key Facts Postcards	Training: • To be decided Materials:

Seriously (STARS) for Families Universal	preventing alcohol use among at-risk middle and junior high school youth (11 to 14 years old). The goal of STARS for Families is to have all youth postpone alcohol use until adulthood. STARS for Families matches media-related, interpersonal, and environmental prevention strategies to each child s specific stages of alcohol initiation, stages of readiness for change, and specific risk and protective factors. This innovative program has been shown to result in avoidance of, or reductions in, alcohol use among participating youth. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Prevention Program: The Urban Institute	Promotion University of North Florida College of Health 4567 St. Johns Bluff Road, South Building 39/3042A Jacksonville, FL 32224-2645 Phone: (904) 620-2847 Fax: (304) 620-1035 E-mail: cwerch@unf.edu Materials and Training: Paula Jones NIMCO Incorporated P.O. Box 9 Calhoun, KY 42327-0009 Phone: 1(800) 962-6662 x.114 E-mail: paula@nimcoinc.com Web site: www.nimcoinc.com				middle schools	alcohol use among youth	Parent/Guardian take-home lessons	• To be decided
Strengthening Families Program I (SFP-I) Selective	The Strengthening Families Program I (SFP-I) involves elementary school aged children (6 to 12 years old) and their families in family skills training sessions. SFP uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. It builds on protective factors by: Improving family relationships Improving parenting skills Increasing the youth's social and life skills SFP offers incentives for attendance, good behavior in children, and homework completion to increase program recruitment and participation. Recognition	Karol Kumpfer, Ph.D Department of Health Promotion and Education University of Utah 250 South, 1850 East, Room 215 Salt Lake City, UT 84112-0920 Phone: (801) 581-7718 Fax: (801) 581-5872 E-mail: karol.kumpfer@health.utah.edu Web site: www.strengtheningfamilies.org/html/pr Henry O. Whiteside, Ph.D.Managing PartnerTraining Workshop Contact Lutra Group, Inc 5215 Pioneer Fork Road Salt Lake City, UT 84108 Phone: 801-583-4601 Fax: 801-583-7979 E-mail: hwhiteside@lutragroup.com	6-12 and parents	Male and Female	African American American Indian/Alask Native Asian Hispanic/Lat Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban community centers, mental health centers, and schools	Reduction in child risk status Improved family relationships	Therapeutic child play Parent training Support services	Training: • \$3,500 for up to 40 participants Materials: • \$175 for 6 manuals

	Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Model Program: National Institute on Drug Abuse Effective Program: Office of Juvenile Justice and Delinquency Prevention								
Students Managing Anger and Resolution Together (SMART) Tean Universal	SMART Team is an eight-module, multimedia software program designed to teach violence prevention messages and methods to a students in grades six through nine (11 to 15 years old). The program s content fits well with commonly used conflict-mediation curricula and other violence prevention strategies schools may implement. Operation is straightforward, so students can access the modules independently for information, skill-building practice, or to resolve a conflict. This independence eliminates the need for trained adult implementers. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Promising Program: U.S. Department of Education	Kris Bosworth, Ph.D. University of Arizona College of Education P.O. Box 210069 Tucson, AZ 85721-0069 Phone: (520) 626-4964 Fax: (520) 626-9258 E-mail: boswortk@u.arizona.edu Web site: www.drugstats.org Materials and Training: Learning Multisystems 320 Holtzman Road Madison, WI 53713 Phone: (800) 362-7323 Fax: (608) 273-8065 Web site: http://www.lmssite.com	11-15	Male and Female	White	Urban and Suburban middle and high schools; clinical and non-clinical settings	Increased understanding of how problem situations escalate into violence Better use of non-violent solutions	Computer-based Anger management Dispute resolution Mediation skills Violence prevention	Training: No training is required. Someone who can load the software and assist students to initially access the program. Materials: \$549 for software package (Mac only) Single CD Set: \$190 (A set includes both Managing Anger and Resolving Conflicts CDs.) Lab Packs \$5 sets: \$380 10 sets: \$570 20 sets: \$760 Network/Site License: \$950 (Allows software installation on all computers in a single building.) SMART Team software package, Cool 2B Safe, violence prevention video series and print material Materials also

									available in Spanish
Team Awareness Selective Indicated Universal	Team Awareness is a workplace-training program that addresses behavioral risks associated with substance abuse among employees, their coworkers and, indirectly, their families. This program has been shown to increase employee help-seeking for and supervisor responsiveness to, troubled workers, enhance the work climate, and reduce problem drinking. These results are achieved by • Promoting social health • Promoting increased communication between workers • Improving knowledge and attitudes toward alcoholand drug-related protective factors in the workplace (such as company policy or Employee Assistance Programs) • Increasing peer referral behaviors The training consists of six modules and is conducted across two 4-hour sessions with a company or business any size. Larger companies generally require multiple training sessions. Team Awareness is highly interactive and uses group discussion, communication exercises, a board game, role play, and self-assessments. Modules cover policy ownership, enabling, stress management, listening skills, and peer referral. Recognition Model Program: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services	Joel B. Bennett, Ph.D. Organizational Wellness Learning Systems 4413 Overton Terrace Fort Worth, TX 76109 Phone: (817) 921-4260 E-mail: owls@charter.net Web site: www.organizationalwellness.com Wayne E.K. Lehman, Ph.D. Institute of Behavioral Research Texas Christian University TCU Box 298740 Fort Worth, TX 76129 Phone: (817) 257-7226 E-mail: ibr@tcu.edu Web site: www_ibr.tcu.edu	18-55+	Male and Female	African American Hispanic/La White	Suburban and ibioban workplaces	At six month follow up analysis, compared to a control group, employees who participated in the program were: Nearly three times less likely to work with or miss work due to a hangover Significantly less likely to come to work under the influence of illegal drugs or alcohol Two times as likely to decrease problem drinking behaviors Likely to double	Peer leadership, counseling or support Workplace training Focus groups • Focus groups	• Facilitator training cost is \$1,250 per day plus travel expenses • Train the trainer costs are \$3,000, with reduced costs for multiple trainees Materials: • Materials are free for downloading at www.organizationalwellness

							their help-seeking behavior • Significantly more likely to work in groups that encourage coworkers to stop a drinking or drug habit • Coworkers were less likely to drink together		
Too Good For Drugs (TGFD) Universal	Too Good For Drugs (TGFD) is a school-based prevention program designed to reduce the intention to use alcohol, tobacco, and illegal drugs in middle and high school students. Developed by the Mendez Foundation for use with students in kindergarten through 12th grade (5 to 18 years old), TGFD has a separate, developmentally appropriate curriculum for each grade level, and is designed to develop: • Personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use • Appropriate attitudes toward alcohol, tobacco, and illegal drug use • Knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and benefits of a drug-free lifestyle • Positive peer norms The program's highly interactive	Susan K. Chase Director of Training Prevention Education Programs Mendez Foundation 601 S. Magnolia Avenue Tampa, FL 33606 Phone: (800) 750-0986 ext.206 Fax: (813) 251-3237 E-mail: schase@mendezfoundation.org Web site: www.mendezfoundation.org/ Cindy ConeyProgram Contact Prevention Education Programs Mendez Foundation	5-18	Male and Female	African American Asian American Hispanic/La Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban suthools; optional component for after-school settings	Reduced intentions to use cigarettes, alcohol, marijuana Reduced intentions to engage in aggressive behavior Improved decisionmakin goal setting, and peer resistance skills Increased friendships with peers less likely to use alcohol, tobacco, and	Prosocial skills development Multi-lesson, multi-grade level programming Normative education Diverse role-play situations Cooperative learning Parental involvement	Training: Training, with a purchase of \$1,500 or more in materials, costs \$1,500 plus expenses Materials: \$100-\$130 for individual K-8 kits (see program Web site for details) \$750 for Too Good For Drugs Violence High School Kit \$595 for Too Good For Drugs Violence After-School Activities Kit \$250 for Too Good For Drugs Violence After-School Activities Kit \$250 for Too Good For Drugs Violence Educators Kit (staff development)

teaching methods encourage			illegal	
students to bond with prosocial			drugs	
peers, and engages students			urugs	
through role-play, cooperative				
learning, games, small group				
activities and class discussions.				
Students have many opportunities				
to participate and receive				
recognition for involvement. TGFD				
also impacts students through a				
family component used in each				
grade level: "Home Workouts" is				
available for use with families in				
kindergarten through 8th grade,				
and "Home Pages" is used in high				
school.				
school.				
Recognition				
Recognition				
MALIN CLAN				
Model Program: Substance Abuse and				
Mental Health Services				
Administration, U.S.Department of				
Health and Human Services				
Excellence in Prevention: American				
Medical Association				
Shining Star Award: Southeastern				
Drug-Free Schools				
First Place in Prevention: Florida				
Alcohol and Drug Abuse				
Association/Department of Children				
and Families Best Practices				
Conference				